



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 8185

Bib Data Sheet

SERIAL NUMBER 10/086,623	FILING DATE 03/04/2002  RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 1064/44833C2
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

## APPLICANTS

Ulf Eriksson, Stockholm, SWEDEN;

Karin Aase, Stockholm, SWEDEN;  
 Xuri Li, Stockholm, SWEDEN; Annica Ponten, Stockholm, SWEDEN;  
 Marko Uutela, Helsinki, FINLAND;  
 Kari Alitalo, Helsinki, FINLAND;  
 Arne Oestman, Uppsala, SWEDEN;  
 Carl-Henrik Heldin, Uppsala, SWEDEN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/691,200 10/19/2000 ABN  
 which is a CIP of 09/438,046 11/10/1999 PAT 6,706,687  
 which claims benefit of 60/107,852 11/10/1998  
 and claims benefit of 60/113,997 12/28/1998  
 and claims benefit of 60/150,604 08/26/1999 ✓ ok  
 and claims benefit of 60/157,108 10/04/1999  
 and claims benefit of 60/157,756 10/05/1999 *gc*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Lyman Chao</i> Initials <i>gc</i>	SWEDEN	20	29	8

## ADDRESS

23911  
 CROWELL & MORING LLP  
 INTELLECTUAL PROPERTY GROUP  
 P.O. BOX 14300  
 WASHINGTON, DC  
 20044-4300

## TITLE

Platelet-derived growth factor D, DNA coding therefor, and uses thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )